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ABSTRACT

This paper introduces the concept of clinical supervision as a formative evaluation tool for "fine tuning" already familiar teaching techniques and explores the implications of ethnocentrism in using clinical supervision in Native Indian education. The underlying philosophy of clinical supervision is expressed as a strong humanistic perspective coupled with advisement regarding expertise in teaching. The clinical supervision cycle is explored and the foundations of a successful clinical supervision experience are examined. The two foundations are identified as a healthy supervisor-supervisee relationship, and an understanding of criteria of effective teaching. Problems with acceptance of clinical supervision are briefly mentioned in terms of traditional teacher resistance to summative evaluation. The Anglo perspective of "failure" of Native Indian education is presented as an example of an Angloethnocentric view of adaptive Native Indian culture and teaching and learning styles. The application of Anglo criteria of teaching effectiveness in Native Indian education is presented as the foremost obstacle to effective clinical supervision in Native Indian educational contexts. Cautions are emphasized with regard to practicing supervision from a limited, ethnocentric conceptual base. Finally, recommendations are presented regarding the acquisition of increased knowledge about and expertise in clinical supervision, and awareness of cultural bias. (Author/BRR)

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# NATIVE INDIAN EDUCATION AND CLINICAL SUPERVISION

A paper presented at the 1984 conference of the

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# Native Indian Education and Clinical Supervision

## Introduction

This paper introduces the concept of clinical supervision as a formative evaluation tool, firstly by exploring the clinical supervision cycle, and secondly by examining the foundations of a successful clinical supervision experience. The two foundations are identified as (i) a healthy supervisor-supervisee relationship, and (ii) an understanding of criteria of effective teaching. Problems with acceptance of clinical supervision are briefly mentioned in terms of traditional teacher resistance to summative evaluation. The Anglo[1] perspective of "failure" of Native Indian education is presented as an example of an Angloethnocentric view of adaptive Native Indian culture and teaching and learning styles. The application of Anglo criteria of teaching effectiveness in Native Indian education is presented as the foremost obstacle to effective clinical supervision in Native Indian educational contexts. Cautions are emphasized with regard to practicing supervision from a limited, ethnocentric conceptual base. Finally, recommendations are presented regarding the acquisition of increased knowledge about and expertise in clinical supervision, and awareness of cultural bias.

## Footnote

[1] The term "Anglo" is used throughout this paper as a matter of convenience to denote the current dominant North American cultural group.

Clinical Supervision

The ways in which a teacher initially acquires teaching skills, and then modifies these skills given certain teaching contexts, have not been considered to be the same. For example, Joyce and Showers (1980) make a useful distinction between "fine tuning" of teaching skills and "mastery of new approach[es]" in teaching. "Mastery" can be understood to be the acquisition of new and useful teaching skills, while "fine tuning" can be understood to be a "sharpening" of already-familiar techniques.

Joyce and Showers suggest that a variety of preservice and inservice situations, ranging from the reading of books, to classroom clinical supervision, to demonstration and coaching, can promote both mastery and fine-tuning. Most teachers and supervisors are able to speak from their own experience about learning instructional skills which fall into both mastery and fine tuning categories. How does clinical supervision fit into the framework of learning teaching skills?

Clinical Supervision: a definition. Clinical supervision as developed by Goldhammer (1969) and Cogan (1973) can be seen as a useful technique to improve the practice of teaching. Clinical supervision can be understood to be more appropriate to the fine-tuning, or "sharpening" of instructional skills.

The underlying philosophy of clinical supervision can be expressed in terms of a strong humanistic perspective coupled with advisement regarding expertise in teaching. The relationship between the supervisor and supervisee is conceived of as being collegial, rather than superior-inferior. Ideally, the expertise which the supervisor offers does not lie only in the area about

which the teacher is concerned. To provide the best possible supervision experience, the expertise should also lie in developing a constructive and helping relationship. As Sergiovanni (1976) states,

> "The heart of clinical supervision is [an] intense, continuous, mature relationship with the intent being the improvement of professional practice" (1976:21) (emphasis added).

One might usefully ask how clinical supervision is faithfully carried out, and what characterizes it as more formative than summative. Krajewski (1982) points out that clinical supervision is often understood in terms of a cycle, divided into a number of stages. For example, Cogan (1973), one of the founders of clinical supervision, suggests the following eight-stage cycle:

(1) establishing the teacher-supervisor relationship
(2) planning with the teacher
(3) planning the strategy of observation
(4) observing instruction
(5) analyzing the teaching-learning process
(6) planning the strategy of the conference
(7) the conference
(8) renewed planning

Goldhammer (1969), often cited as the co-originator of the concept of clinical supervision along with Cogan, suggests a "cycle of supervision" in the following manner:

(1) preobservation conference
(2) observation
(3) analysis and strategy
(4) supervision conference
(5) post-conference analysis

Both cycles clearly have facets of each embedded in the other. One might usefully apply either Cogan's or Goldhammer's stages to any clinical supervision sequence.

The Relationship. What repeatedly emerges as a component of the foundation of an effective clinical supervision sequence is the establishment of a warm, positive, and trusting relationship between the supervisor and the supervisee. When this type of relationship has been established in the preobservation conference, a foundation is established that will support both individuals working through a number of supervision cycles. The cycles have the potential of allowing the teacher, as the instructor in charge of the classroom, to improve instruction where both teacher and supervisor feel improvement would be useful.

Using a series of clinical supervision cycles to examine the initial teaching situation and gradually evolve different areas for focussing attention, the teacher can make the best use of a supervisor by having an objective set of eyes to observe and provide analytical feedback regarding interactions that take place in the classroom. How teaching is carried out through the application of various teacher behaviours, as well resulting student performance, can be used as focal areas for observation.

It is the teacher-directedness potential of the formative clinical supervision cycles which contrasts sharply with traditional supervisor-directed summative evaluation. One might assume that clinical supervision would have considerable appeal, especially among teachers. However, acceptance of the clinical supervision strategy, which includes the teacher as a co-equal in the supervision process, has not been without difficulty.

Problems with Clinical Supervison

Suspicion. Educational administrators, including Cogan (1973), Enns (1965), Harris (1975), and Storey and Housego (1980), among others, have indicated that clinical supervision should serve as a tool of effective formative evaluation and improvement of teaching. However, as Sergiovanni (1976) points out, the traditional theories of supervision dealing with summative evaluation appear to share a lack of faith and trust in teachers. Such a lack of trust is remensicent of McGregor's (1966) "Theory X" which holds that people are lazy, that they work as little as possible, that they dislike responsibility, that they prefer to be led, and that they are resistant to change. Supervision based on the "Theory X" perspective of human nature would not appear to be a fertile ground for the cultivation of positive relationships between supervisor and supervisee.

Mosher and Purpel (1972) appear to bear this out by stating that teachers commonly respond to supervision in terms of the

> "suspicion that supervision is at best ineffectual and at worst a harmful form of interference with the work of the teacher"(1972:2).

In addition, teachers' relative unwillingness to participte in clinical supervision may be a reflection of their justified hostility towards being summatively evaluated under the guise of formative evaluation.

Acceptance. Clinical supervision, following on the heels of traditional summative evaluation practice, has not been easily accepted. However, even with a legacy of misrepresentation of supervision design and a massive history of summative evaluation

setting a tone of suspicion for clinical supervision, understanding the teacher to be the originator of the clinical supervision cycle has received considerable support. Bleeke (1982) suggests an "initiative style" in evaluation and supervision which makes extensive use of the teacher's view of what should be done for the improvement of practice. Clearly, the promotion of such a style reflects a belief that teachers are responsible professionals desiring and capable of meeting organizational goals through self-improvement. Like the philosophy of McGregor's "Theory Y" which holds that people naturally seek responsibility and strive to improve the effectiveness of the organization within which they work, so clinical supervision holds that supervisors and supervisees can collegially meet the educational goals of the organization through joint efforts at the improvement of instruction.

Regardless of the preconceived notions of those who might resist its implementation, faithful pursuit of clinical supervision, which embraces a humanistic perspective towards formative evaluation, can be understood to be a constructive alternative to traditional evaluation practices.

Criteria of Effectiveness. In addition to a humanistic relationship, an understanding and common sharing of criteria of effectiveness by both supervisor and supervisee is essential to the success of clinical supervision. In the past, the criteria of effective teaching have not been particularly well-supported by research. Most supervisors and teachers may know intuitively and implicitly what "effective teaching" is, and may in fact be able to practice it, but would be hard-pressed to describe in no

uncertain terms exactly and explicitly what "effective teaching" is.

Criteria that have been used to evaluate teaching effectiveness have recently undergone considerable research. Observational studies of teachers identified through consensus as "good teachers" have yielded a number of characteristic teaching practices which appear to consistently elicit desirable student behaviours and performance.

Direct Teaching. Rosenshine (1979;1983) and Rosenshine and Furst (1976), among others, have described this apparently effective set of teaching behaviours as "direct teaching." Direct teaching includes the maintenance of a high degree of teacher control over virtually all student activities, short-term student tasks with immediate evaluative feedback from the teacher, task variation for the maintenance of student interest, and the development of "withitness" on the part of the teacher -- constant monitoring of behaviour and performance with no hesitation for the meting out of praise or punishment. The research carried out by Rosenshine et al supporting direct teaching has considerable appeal in many segments of the educational community. Administrators in many schools might recognize such teaching behaviours as common to those teachers whom they consider to be effective in their schools.

Application. In accord with Spindler's (1982) view of education and the perpetuation of culture, it would seem logical that supervisors, charged with the responsibility of running effective schools, would wish to have teachers engage in behaviours that produce culturally-consistent and culturally-

desirable student behaviour and performance. Thus, it can be understood that the practice of clinical supervision might include application of criteria of teaching effectiveness appropriate to the culture within which the teaching is taking place. The current literature suggests that direct teaching practices are desirable because such teaching appears to improve instruction -- or, put another way, renders students' behaviour and performance increasingly appropriate in the given cultural context.

The practice of clinical supervision -- aimed at improving instruction in conjunction with building a trusting relationship between supervisor and supervisee -- can be understood to have the best of intentions. Based on the value platforms and assumptions which underly clinical supervision, it would be difficult to argue against the generation of a positive, trusting "Theory Y" type of relationship between supervisor and supervisee, coupled with the improvement of instruction. One might usefully ask where the value platforms and assumptions underlying clinical supervision could possibly fail.

## Native Indian Education

Implications of Ethnocentrism. One particularly important focus of supervision appears to require attention: the implications of a hidden -- or perhaps not so hidden -- ethnocentric orientation to supervision. Such implications may have even greater import in a bicultural educational situation. Clinical supervision, with all its apparently desirable attributes, does not appear to be a discrete focus in Native

Indian education. An examination of Native Indian education may shed light on some of the reasons why little evidence can be found for a bicultural perspective regarding clinical supervision.

Perception of Failure. Educators with interest in bi- or cross cultural education have paid considerable attention to the teaching of Native Indians in Anglo school situations. Native Indian education has been fraught with problems for Anglo educators who have been convinced, based on certain ethnocentric assumptions, that something is wrong with Native Indian students.

Countering this conviction, John (1972) indicates that important illuminating work has been reported to Anglo educators. For example, Voyat (1972) points out that Native Indian and Anglo students of the same age have the same levels of cognitive development. However, John indicates that an ethnocentric discriminatory view that Native Indian students suffer from severe intellectual defecits appears to persist. Anglo efforts at Native Indian education have been construed at best as problematic, and, at worst, a failure. Ethnocentrism aside, the latter characterization might be the more appropriate.

Reasons for Failure. Murdoch (1981) suggests that the failure of Anglo education efforts among Native Indians may be due to a lack of understanding and awareness of adaptive culture, which he identifies as

> "[t]hose aspects of culture, the culture traits and complexes, that represent a society's adjustment to its physical environment, and enable it to survive...(including) methods of agriculture and manufacturing, technical knowledge, norms of regulating economic organization, and so forth" (1981:8).

Indeed, Gue (1983) who suggests that adaptive culture might

also usefully be understood to include the mythological, religious, medical, legal, and educational adjustments to that environment, has indicated that observable qualitative deterioration in such factors may be evidence for the gradual death of the adaptive culture of concern.

Murdoch, in examining the Plains Cree culture, suggests that the underlying values and social behaviours associated with a lifestyle (adaptive culture) that has little overt expression are still observable through the overlay of the dominant Anglo society. He cites Caudill (1949) and Keesing and Keesing (1972) to support the contention that "Western" (Anglo) cultural influence may have had immediate and observable, yet superficial effects on the adaptive culture of Native Indians, which, state Keesing and Keesing,

> "...[is] likely to be particularly stable and persistent -- or, if [it is] disturbed voluntarily or by force -- to involve most serious stress and disorganization" (1972:355).

The existence of adaptive culture of Native Indian groups even under the pressure of Angloethnocentric cultural domination appears to be a fact.

Cultural Domination. The education of children in formalized schools is an expression of the socialization function of the culture within which the school is situated. Through this socialization function, the dominant culture is reinforced and perpetuated. Children do not, however, enter the formalized classroom not having learned anything about their own culture. Murdoch suggests that children arrive in formalized school settings with a great deal of knowledge and understanding of their society's adaptive culture. This understanding includes

knowing about rules of behaviour and expectations about styles of teaching and learning.

Sterling and Hebert (1982) also suggest that Native Indian students enter the Anglo classroom with well-developed adaptive cultural beliefs. Significantly, one of the beliefs evidenced through the language of Native Indian students studied by Sterling and Hebert is that freedom of personal choice forms the basis of educational interactions. Sterling and Hebert's observations of the structure and content of an Okanagan dialect suggest that traditional Native Indian interpersonal interaction patterns can be identified, based on beliefs about who is in control of what in an interaction. These beliefs may partially explain why Native Indian "silence" exists as a response to traditional Anglo teacher determination of participant structure (Philips, 1976).

Anglo educational institutions appear to assume that children are not responsible for themselves, and must learn, with considerable teacher direction, when and how to become responsible. Native Indian students, having been socialized regarding a particular type of participant structure which encourages self-determination, appear to enter the Anglo classroom with a sense that they are each ultimately responsible for what, where and with whom they will learn.

Sterling and Hebert indicate that the linguistic structure and content of the dialect which they examined suggest the following determinants of interpersonal interaction:

> "(1) one person does not make another do anything; (2) expectations for compliance to directives...are dependent upon the establishment of a verbal contract between the parties concerned; (3) a child or learner

> initiates instruction by request; (4) given a story-telling context, listeners maintain the duration of story-telling by responding appropriately and intially persuading the teller; (5) an individual, even a child, is very specific about who (s)he allows to tell him/her what to do and when; (6) individuals show great respect and esteem for elders; (7) child-rearing practices encourage Indian children to determine for themselves what action is to be taken; and (8) the cultural values embodied in (6) and (7) above combine to facilitate the non-coercive manipulation of others, permitting A to obtain B's compliance in the performance of activity X" (1982:8).

Conflict. One might conclude from reflecting on Sterling and Hebert's "guidelines" for interpersonal educational interaction, that Native Indian children in an Anglo school would not be particularly disposed to accepting the Anglo perspective regarding the role of the child-as-learner in relation to the adult-as-teacher. Such a conclusion would be consistent with ideas about learning styles suggested by Philps (1976) and John (1972), and about interaction styles reached by Scollon (1980) and Scollon and Scollon (1981), among others. The Angloethnocentric expectations of student behaviour appear to set the stage for conflict when Native Indian children enter the Anglo classroom.

Having Native Indian children enter Anglo school systems would not be problematic if the Anglo schools had a thorough bicultural educational base. Anglo educational institutions, however, appear to have been powerfully ethnocentric and have not adequately considered the adaptive cultures of the Native Indian. Murdoch suggests that this is evident through Anglo educational institutions virtually deifying themselves, so that words such as "human" or "universal" are used to describe Anglo educational practices to the practical exclusion of all others -- including

Native Indian. How does the possibility that the stage is set for cultural conflict in the classroom have any relation to the practice of clinical supervision?

Normative Criteria in clinical supervision. If it is possible to agree with Murdoch and others that the Anglo educational system has de-emphasized the normative nature of Native Indian educational interactions and teaching and learning styles to the point of insignificance, then the participant structures of Native Indian education have the strong potential of being considered as aberrant when criteria of teaching effectiveness, grounded in Anglo culture, are applied in a clinical supervision situation.

This may be why little reference can be found to clinical supervision practices in a Native Indian educational setting. Those who engage in clinical supervision are primarily Anglo, and the supervisees are primarily Anglo, and most who write about criteria of teaching effectiveness and supervision are Anglo. How particular criteria of teaching effectiveness can be prescribed as normative to the exclusion of any other can be readily understood in such a situation. However, the continuing appropriateness of this initially-understandable exclusion immediately becomes questionable with changing awareness of the cultural mix of Canadian education.

Supervising Native Indian Education. An Anglo supervisor, charged with the responsibility of engaging in clinical supervision in a Native Indian instructional situation, may be faced with a potentially disasterous situation if he or she rests in the ethnocentric belief that what is understood to be

effective in an Anglo classroom will be similarly effective in a Native Indian classroom. Unfortunately, without an understanding that Native Indian teaching and learning styles as well as adaptive cultures deserve more than passing recognition in an Angloethnocentric educational system, clinical supervision carried out with the best of intentions may be doomed to failure.

Implications and Direction. There are a number of important implications for the practice of clinical supervision in Native Indian educational situations. Native Indian language teachers, for instance, may have been chosen to teach in Native language programs because of their fluency in the language or dialect of concern and familiarity with the community within which the language program is being developed. As is usually the case, such a program is embedded in an Anglo educational system, and receives support from that system in terms of facilities, services, and instructional supervision. Supervision practices may be quite variable in such situations, frequently falling on the summative rather than the formative end of the evaluation spectrum.

If supervision is actually initiated, it may be accompanied by an Angloethnocentric view of classroom instruction and desirable student behaviour and performance outcomes. From an Angloethnocentric perspective, traditional Native Indian interaction patterns, participant structures, and teaching and learning styles may be tolerated but not accepted. In such a situation, Native Indian education programs programs may suffer a lingering death as ostensibly-supportive Anglo educational systems attempt to apply Anglo support mechanisms, using Anglo support techniques, based on Angloethnocentric assumptions about teaching and learning styles and the accomodation of cultural diversity in the classroom.

Knowing that clinical supervision has the potential of improving instruction suggests that, traditional teacher resistance and difficulties with Angloethnocentrism aside, an

examination of the appropriateness of the technique in a variety of teaching situations may have considerable multiple benefits.

However, before deciding that such a formative evaluation technique should be generally applied, it may be useful to determine how and where it works with relative effectiveness, and how and where the technique can be usefully modified to have an improved "goodness of fit" with a particular teaching situation. Of course, before any type of research can be carried out to determine the appropriateness of clinical supervision in cross-cultural situations, educators in general might usefully acquire increased knowledge about and expertise in clincial supervision. Unfortunately, it would appear that practicing administrators, and most administrators in training, do not receive exposure to the concerns raised in this paper regarding Native Indian teaching and learning styles, classroom participant structures, or interpersonal interaction. Additionally, when administrators are faced with responsibility for supervision, the time press of administrative tasks frequently produces less than an ideal supervision situation.

Administrators and teachers need to learn more about clinical supervision as a formative evaluation tool, especially from the Native Indian educational perspective. Only then can research proceed from a solid experiential and knowledge base.

Acquiring increased knowledge about and expertise in clinical supervision means that training addressing this topic is required, not only in the form of preservice for those undertaking teacher or administrator preparation, but also in the form of inservice for those already practising. Such preservice

and inservice already exists in many faculties of education and many school districts throughout the country, but the Angloethnocentric bias in many teacher and administrator preparation programs and practice situations steers away from acknowledgement of cultural factors. Such factors simply must be taken into account if clinical supervision is to be usefully applied in Native Indian educational situations.

Concluding Comments. Understanding that traditional Native Indian teaching and learning styles may be a reflection of a submerged adaptive culture suggests that supervisors in a school-based situation responsible for Native Indian educational programs who already have some background in clinical supervision might be well-advised to become as aware as possible of the bicultural aspects of their own administrative situation as well background literature regarding traditional Native Indian teaching and learning styles.

Those charged with supervisory responsibilities who have not had a thorough grounding in either clinical supervision techniques or Native Indian teaching and learning styles might well exercise extreme caution and suspend judgement about what is and is not desirable in terms of teacher and student behaviour, and measurable student outcomes. It would appear that without bicultural awareness and sensitivity, the best-intentioned clincial supervision efforts may finally be more damaging than useful.

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